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ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH UPON THE HEALTH AND SANITARY CONDITION OF THE COUNTY FOR THE YEAR ENDED 31st DECEMBER, 1947.

To the Chairman and Members of the East Sussex County Council.

MR. CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

I have the honour to submit the fifty-third Annual Report on the Health of the Administrative County of East Sussex.

The statistical tables which appear in the body of the Report continue to indicate, in general, a satisfactory state of health of the population.

There has again been an increase in the number of live births and the birth rate, there being 5,757 live births during the year; the birth rate of 17.98 is the highest recorded for many years. There were 6 maternal deaths during the year, giving a maternal mortality rate of 1.02 which, although low, is still not as good as the 1945 figure of 0.9. Consideration of the individual cases (see later in this Report) shows the importance of full regard to the social circumstances of the expectant mother as well as of ante-natal care in the narrower technical sense, however essential this is.

It is noted with regret that the infant mortality rate has risen to 37.69 from the low figure of 27.64. Inquiry has disclosed no special reason for this rise and it is to be assumed and hoped that it is an isolated peak on the downward curve such as is sometimes found in other cases. There has also been an appreciable though not serious increase in the number of deaths from pulmonary tuberculosis, although not in those from other forms of the disease. One death of a child of three years old was caused by diphtheria; the child had not been immunised.

During the year the county shared in the country-wide epidemic of acute poliomyelitis, and by the end of 1947 there had been notified 86 confirmed cases, of which fortunately very few were of the bulbar type. The attack rate of 27 per 100,000 of the population was substantially higher than that of England and Wales in general (18), though as the deaths numbered 7 the case fatality rate was 8%, compared with 9% for England and Wales. Taken as a whole the severity of the disease was not above the average for the country, and indeed some remarkable recoveries from extensive early paralyses have been noted. Distribution among the county districts was far from uniform and, though it has not been possible to deduce information of value from the data obtained, there was a general tendency for incidence to be heavier in country districts in the western part of the county. Thus in Cuckfield Urban and Rural Districts (combined) there was one case for every 1,294 of the population, and in Lewes one case for every 1,721; while in Bexhill there was 1 for every 7,963, in Hove and Portslade 1 for every 16,006, and no cases at all occurred in Newhaven Urban District (population 6,726).

By the middle of the autumn existing hospital resources suitable for these cases were strained to the utmost and, though it was ascertained at a very early stage that the available number of mechanical respirators ("iron lungs") was ample, the maintenance of perhaps several patients simultaneously in respirators imposed a very heavy load on nursing and other staff. The utmost credit is due to those who responded so promptly and willingly to calls on their services, often of a quite unexpected kind. One general practitioner spent anxious hours between midnight and dawn on one occasion assembling a complete respirator from parts of two others which had broken down.

A major part of the year's work has been preparation for the major change-over which will be required by the National Health Service Act, 1946, on the appointed day. Under Part II of the Act, which deals with hospital and specialist services, all hospitals (with a few exceptions) and related clinics, and the duty of providing specialists where required, pass to the Minister of Health, who will conduct the hospitals and employ the specialists. In East Sussex the County Sanatorium, conducted by the Public Health and Housing Committee, the hospitals and infirmary blocks conducted by the Public Assistance Committee, and the orthopaedic clinics (which are a function of the Chailey Heritage Craft Hospital) will pass to the Minister, and will become part of the hospital service administered on a regional basis, the South-East Metropolitan Regional Hospital Board area consisting of the geographical counties of Kent and East Sussex and a "wedge" of London having Guy's Hospital in its apex. While there are obvious advantages in the administration of all hospitals in accordance with a plan covering a wide area, incidental difficulties and disadvantages can be foreseen where work previously carried on by one authority in a given area is to be subjected to an unnatural division. One example which comes to the mind is that of anti-tuberculosis schemes which, up till the present time, have been based on the essential unit of the dispensary area in charge of the controlling expert—the Tuberculosis Officer (or Chest Physician, to use the newer term). Under his guidance the sanatorium or hospital arrangements needed, the out-patient advice and investigation provided at the Dispensary (Chest Clinic), the money allowances obtainable (though by a ridiculously limited class of patients) and the supervision and after-care required in the home, were all correlated, in recognition of the fact that tuberculosis is a family problem. Under the new Act the Chest Physician leaves the employ of County Councils and County Boroughs and is responsible to his Regional Hospital Board, which will also conduct the Sanatoria; the domiciliary aspect of the work remains

with the County Council as Health Authority ; while it is believed from forecasts of the National Assistance Act, 1948, that the granting of Treatment Allowances will pass to yet another body, the National Assistance Board.

A somewhat similar division of responsibility will be seen in maternity services. While, therefore, the new administrative framework will enable certain overdue improvements to be put into effect and, indeed, may well be the most effective compromise available, it holds the possibility of lowered standards in other directions. It will be the duty of all concerned to eliminate such side-effects by arriving at effective co-operation and, of the various authorities and bodies to be set up, the main responsibility for this would seem to lie with the Health Authority and its officers.

Part IV of the Act provides for the establishment of general medical and dental services, pharmaceutical services and supplementary ophthalmic services. These services will replace the Panel system now in force under the National Health Insurance Acts ; as this has never been a function of the County Council the change-over, radical though it will be, will have relatively little effect on the work of the Health Authority.

Part III of the Act deals with health services provided by local health authorities, which are to be the councils of counties and county boroughs. A result of this provision is, of course, that, throughout the country, large numbers of local government units which although not county councils and county boroughs have been welfare authorities and therefore carrying on a number of the duties which will come under this part of the Act (care of mothers and young children, midwifery, health visiting and so on), will lose their powers to the county concerned. Some of these at least have been very large units with highly efficient services, larger and possibly more efficient than some counties and county boroughs, and their feeling of dismay can by no means be attributed solely to wounded *amour propre*. There has been a genuine anxiety lest there should be lost to the public services and therefore to the individual, the accumulated knowledge, experience and administrative skill of efficient welfare authorities and the medical and other officers who serve them and, out of this feeling, which has been recognised by the Minister of Health, has arisen a demand for some degree of delegation by health authorities of their duties to sub-units of administration, a procedure which is coming to be known as Divisional Administration. Plans embodying this principle have been made in various large and populous counties. Though delegation may be secured in different ways, a frequent method (which Schedule 4 of the Act renders possible) is to appoint area sub-committees covering two, three or more county districts, preferably including at least one present welfare authority. Each sub-committee should carry on in its area the day-to-day work of the Health Committee under Part III of the Act and have for this purpose the services of a sub-committee (or "divisional") medical officer with suitable staff.

While there is a very great deal to be said for such an organisation in a large and populous county, any plans to set it up in smaller and more rural areas need to be examined with great care lest the advantages to be gained are more than offset by extravagant expenditure in staffing and accommodation. In considering the needs of this county it should be remembered that the Borough of Hove has been an experienced and efficient Welfare Authority for many years and that, with the adjacent Urban District of Portslade-by-Sea (combined population 80,000), it could be regarded as a compact area suitable to be conducted as a sub-committee area ; it is already constituted as a Division under the Education Act, 1944. No other area in the county, however, has had experience as a Welfare Authority, nor would it be possible by any effective aggregation of county districts to secure sufficient population to make divisional administration worthwhile. It was decided, therefore, that the Borough of Hove and the Urban District of Portslade-by-Sea should form an area administered for the purposes of Part III of the Act by a sub-committee of the Local Health Authority's Health Committee, having in its membership ample local representation, and given extensive delegated powers. It was also decided, after hearing representations from a number of sources, that the remainder of the county should continue for the time being to be administered centrally, without the creation of further "Divisions."

It was found possible by the end of the year, though only as the result of heavy work by committees and staff, to complete the proposals which indicated, under the following headings, the lines upon which the Health Authority intended to proceed in carrying out their duties and powers:—

- Section 21—Health Centres.
- Section 22—Care of Mothers and Young Children.
- Section 23—Midwifery.
- Section 24—Health Visiting.
- Section 25—Home Nursing.
- Section 26—Vaccination and Immunisation.
- Section 27—Ambulance Services.
- Section 28—Prevention of Illness, Care and After-Care.
- Section 29—Domestic Help.
- Section 51—Mental Health.

Up till now much of this work has been carried out by voluntary bodies or with their assistance and, both in the actual text of the Act and in circulars from the Ministry, it has been made clear that local health authorities were fully at liberty to continue to take advantage of the voluntary spirit. In this county much good work has always been, and still is being, done by voluntary organisations and in preparation of the proposals their services have been enlisted to the full. It is hoped that this policy will be supported by the voluntary bodies which have been approached and by the Minister when considering the proposals.

In the meantime, the existing public health work of the County Council has had to be carried on in spite of all distractions, in much the same sort of atmosphere as a schoolboy trying to do his homework in a house

where furniture-removers are at work. The impression was heightened by changes of staff resulting from the needs of new bodies such as Hospital Management Committees of Regional Hospital Boards.

In these circumstances I have appreciated the more highly the continued support of the County Council and members of individual committees. My thanks are due to all members of my staff, among whom Dr. Lyon, my Deputy, and Mr. G. F. Akehurst, Chief Clerk, should specially be mentioned, and also to other departments and the officers of all the voluntary organisations and statutory bodies with whom discussions have taken place. Finally, to those whose fate it will be to suffer amputation from the county body on 5th July, 1948, we all offer our best wishes for the future.

I have the honour to be,

Your obedient servant,

F. LANGFORD, M.B., Ch.B., F.R.C.S., L.R.C.P., D.P.H.,
County Medical Officer of Health and School Medical Officer.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL, LEWES.
June 1949.

The **Estimated Population** increased from 310,830 in 1946 to 320,170 in 1947.

The **Birth Rate** for the county was 17.98 per thousand of the estimated population, being .76 per thousand more than in 1946, as compared with a rate of 21.1 for England and Wales. The **live births** increased from 5,353 in 1946 to 5,757 in 1947. The number of illegitimate live births in East Sussex was 368.

The general uncorrected **Death Rate** was 14.53 per thousand in 1947, as compared with 14.2 in 1946.

The **Infant Mortality Rate** for the administrative county was 37.69 per thousand live births in 1947, as compared with 27.64 in 1946. The rate for the Welfare Authority area was 35.27. The illegitimate death rate was 61.22 per thousand illegitimate live births for the Welfare Authority area and 67.9 in respect of the whole of the administrative county, as compared with 42.42 and 39.81 respectively in 1946.

The **Maternal Mortality Rate** for the administrative county was 1.02 per thousand live and still births and 1.23 for the Welfare Authority area. The corresponding figures for 1946 were 1.46 and 1.77 respectively. There were 6 maternal deaths in the administrative county.

Detailed enquiries have again been made into the circumstances of each maternal death, including one which was apparently not included by the Registrar General under this heading. Of the six deaths, one was due to a toxæmia of very sudden onset, and the conclusion seems unavoidable that some of those concerned in the case were somewhat slow to realise the importance of speedy action. One patient died four days after confinement of a pulmonary embolism which could not have been expected. Two women (one single, one separated from her husband) died of toxæmia and complications after pregnancy which in each case had been successfully concealed from everyone until the last moment. One woman who died of obstetric shock was known to be a heavy smoker at the expense of proper meals and other reasonable care. The last death was of a patient, properly cared for throughout, who was of an unduly temperamental or hysterical make-up and was very upset because both the doctor and the midwife to whom she was accustomed could not attend her; she died of obstetric shock following manual removal of placenta.

The deaths from all forms of **Tuberculosis** show an increase of 25 in 1947 as compared with the previous year, there being 27 more deaths from pulmonary tuberculosis and 2 less from other tuberculous diseases.

There was an increase of 48 in the number of deaths from **Cancer** compared with the previous year. Deaths from **Heart Disease** increased by 71.

Infectious Diseases. The returns given in Table IV appended refer only to civilians. Comparing them with those for the previous year it will be seen that in all but five diseases there was a fall in the number of cases notified. Whooping cough notifications increased from 450 in 1946 to 965 in 1947. There were 6 deaths from whooping cough, all in children of under one year of age. Dysentery cases dropped from 27 in 1946 to 6 in 1947 and scarlet fever cases from 276 to 179. The number of cases of measles increased from 611 in 1946 to 2,915 in 1947, yet there were only two deaths from this cause. Diphtheria notifications fell from 19 to 9, and there was 1 death. There were 86 cases of acute poliomyelitis as against 9 in 1946. Other infectious diseases show very little variation on the previous year.

Diphtheria Immunisation. As from the 1st January, 1946, the responsibility for the immunisation of children under the age of five years was placed upon Welfare Authorities, and the Council decided that as from that date they would agree to refund to the District Councils who were carrying out the immunisation of children of all ages, the whole cost of the work in respect of children from birth to five years of age instead of a grant of 50% as hitherto.

Maternity and Child Welfare. This service continued to work satisfactorily and the following is a brief account of the activities under the various headings :—

Domiciliary Midwifery and Infant Health Visiting. The combined nursing scheme adopted in the county continued during the year. Five Assistant County Nursing Superintendents were employed by the County

Council to supervise the combined work of the midwives, nurse-midwives and health visitors and to carry out other public health duties for the County Council under the direction of the County Nursing Superintendent and the County Medical Officer.

During 1947, 75 Infant Welfare Centres held regular sessions, and one was closed owing to lack of voluntary workers. Of these, 70 were established by voluntary bodies and 6 by the County Council.

The number of District Nursing Associations in the county was 55. The total number of nurses (including emergency nurses) employed in the county by the Nursing Federation was 101; 8 of these were engaged as whole-time health visitors and school nurses, 2 as whole-time midwives and the remainder on combined work.

The number of certified midwives who notified their intention to practise, either temporarily or permanently, in the area for which the County Council are responsible was 173. At the end of the year there were 142 certified midwives on the register. During the year the Central Midwives Board imposed a requirement that notice of intention to practise must be given by midwives even when acting solely as maternity nurses.

The district nurses acting as midwives attended 1,369 patients in 1947. Medical aid was summoned under the rules of the Central Midwives Board in 784 cases (670 to mothers and 114 to infants). The main reasons for which medical assistance was needed for the mother were as follows:—

Abnormal conditions found during pregnancy	..	..	..	154
Abortions and miscarriages	..	..	..	42
Prolonged labour	..	..	..	109
Ruptured perineum	..	..	..	213
Other complications at delivery	..	..	..	67
Post-natal complications	..	..	..	85

Twenty-one cases of puerperal pyrexia were notified. Of these 4 received treatment in hospital and 17 in their own homes.

Of 114 calls to infants, 42 were for discharging eyes, all of which were mild cases.

Eight cases of ophthalmia neonatorum were notified in the Maternity and Child Welfare area; these also were mild cases; 2 were treated in hospital. No impairment of vision was reported in any case. None of the above was comparable with the florid ophthalmias of many years ago, which indeed are now rarely seen.

Fifteen delicate infants were admitted to hospital under the county scheme. Five infants received treatment for enlarged tonsils and adenoid growths.

Child Life Protection. On the 31st December, 1947, there were 249 children and 127 foster parents on the Child Life Protection Register; 631 visits were made to these homes during the year by the Child Life Protection Visitors and Health Visitors. In one or two instances it was necessary to make other arrangements for foster children who were not being satisfactorily cared for. In addition there were 15 voluntary homes and 92 preparatory schools, accommodating approximately 316 and 1,038 children respectively, under the age of nine years, to which 357 visits were made.

Ante-Natal Services. The County Council have established or have assisted to establish ante-natal clinics separately from Infant Welfare Centres in 13 districts; in addition, ante-natal consultations are held at 37 Infant Welfare Centres at the same session as the infant welfare work. In areas not provided with a centre arrangements have been made whereby medical practitioners undertake ante-natal examinations at an agreed fee. Mothers booked for admission to hospital attend the hospital out-patient clinics. The district nurse-midwives made 14,566 visits to 2,761 expectant mothers during the year.

Provision of Consultants. The Council have arranged for an obstetric consultant to be available for any medical practitioner who needs such assistance in difficulties or in complications arising during pregnancy or at or after delivery. Consultants were provided in 74 cases, and in some cases they carried out emergency treatment in the patients' own home.

Maternity Hospital Provisions. Maternity hospital treatment was provided under the county scheme during 1947 for 1,185 women as follows, the majority of cases being entirely normal pregnancies and confinements:—

Cuckfield Hospital	..	..	..	..	..	376
Southlands Hospital, Shoreham	..	..	..	..	..	366
Hastings Municipal Hospital	..	..	..	..	..	221
Sussex Maternity Hospital, Brighton	..	..	..	..	..	163
Kent and Sussex Hospital, Tunbridge Wells	..	..	..	..	..	11
Crowborough Cottage Hospital	..	..	..	..	..	15
Tunbridge Wells Maternity Home	..	..	..	..	..	4
Pembury Hospital	..	..	..	..	..	5
St. Mary's Hospital, Eastbourne	..	..	..	..	..	11
Other hospitals or homes	..	..	..	..	..	13

From time to time representations have been received from one or other county district to the effect that a maternity home should be established in their area to meet the needs of local residents. Sometimes those making such applications have failed to realise that even if all the births in the area took place in one home

the number of beds needed would be far too small to justify separate provision. In all cases, moreover, it has been necessary to point out that the great shortage of midwives and the extreme difficulty of obtaining equipment and buildings which could be adapted at a reasonable expenditure were such that the Ministry of Health would be unlikely to consent to new maternity units being established in present conditions.

Home Helps. The scheme for the employment of Home Helps was in operation throughout 1947, when four women were employed whole-time, in addition to four part-time women. During the year, 66 mothers were supplied with help during the period of their confinement, who otherwise might have had to be admitted to hospital through lack of help at home. In addition, financial assistance was provided in 67 cases where the mother found her own help.

Care of Premature Infants. The County Council provide special equipment on loan, including draught-proof cots, hot-water bottles, warm clothing, special feeding bottles, etc., for use in the care of premature infants. The midwives report immediately to the County Nursing Superintendent each premature birth and the equipment is provided on request. In addition, the services of a paediatrician (specialist in the treatment of children) are available when required. During the year there were 187 notified premature births ; 76 were born in hospital and 111 at home ; 153 of the 187 infants survived the age of one month.

Care of Illegitimate Children. Special attention to the care of illegitimate children was continued ; 27 unmarried mothers were admitted to hostels during the year.

Adoption of Children (Regulation) Act, 1939. Twenty-two persons gave notice under Section 7 (3) of this Act during 1947. Altogether the Child Life Protection Visitors visited and inspected the homes of 90 persons who proposed to adopt children and paid 244 visits to children who were under supervision pending adoption. The total number of completed adoptions recorded by the Welfare Authority during the year was 113.

Contraceptive Advice. Contraceptive advice was given during the year to 18 patients at clinics which are held at Brighton, Hastings and Haywards Heath. This instruction is given only to married women when pregnancy would be dangerous to health. The Sussex Clinic for Advice to Mothers at Haywards Heath undertook a useful extension of their work by giving advice with regard to sterility.

Domestic Helps. By the end of 1947, six borough or urban districts had accepted delegation from the Council of the powers under the Ministry's regulations to provide domestic helps. In each of these districts part-time helps only were provided.

Supply of Sheets for Expectant Mothers. On the instructions of the Ministry of Health, dockets are issued from the Public Health Department to expectant mothers whose confinements are to take place at home and who are in need of sheets. During 1947, 986 dockets and 3,157 coupon equivalent certificates were issued to 1,409 expectant mothers on the recommendation of the midwives or doctors.

Sterilised Maternity Outfits. These were supplied to midwives for use in emergency cases.

Maternity Belts. Expectant mothers were supplied with maternity belts at cost price.

Dental Treatment of Expectant and Nursing Mothers and Infants. The Council's scheme for dental treatment of expectant and nursing mothers and infants under the age of five years is co-ordinated with the scheme for dental treatment of school children. Treatment is carried out at County Clinics, on hired premises and, occasionally, at voluntary Infant Welfare Centres. During the year 636 expectant and nursing mothers and 371 infants received dental treatment under the scheme and dentures were provided in 128 cases.

Registration of Nursing Homes. Eleven homes were registered for the first time during the year. Three homes were closed voluntarily and at the end of 1947 there were 51 registered nursing homes in the Welfare Authority's area.

Day Nurseries. The day nurseries at Burgess Hill and East Grinstead continued to provide for children of women engaged in useful work. There are 89 approved places at the two nurseries, all of which were filled at the 31st December, 1947. The possibility has also been considered of linking these nurseries with others in the geographical county in the establishment of a training scheme for nursery nurses, but plans were not completed by the end of the year.

Tuberculosis. There were 233 notifications of pulmonary tuberculosis in 1947, of which 170 were in respect of patients between 15 and 45 years of age. Notifications of other tuberculous diseases, mainly of glands, bones and joints, numbered 62, of which 35 were under 15 years of age. The number of notified cases on the registers of the district sanitary authorities on the 31st December, 1947, was 2,127 (1,447 pulmonary and 680 non-pulmonary).

Treatment allowances in accordance with the conditions laid down by the Ministry of Health in Circular 2741 were continued during the year ; 76 applications were received for these allowances and 73 patients were found eligible for them and received appropriate allowances ; 207 patients were receiving treatment allowances at the end of the year. Tuberculosis dispensaries were held regularly at Bexhill, East Grinstead, Haywards Heath, Hove and Lewes.

Darvell Hall Sanatorium. The County Sanatorium at Darvell Hall, Robertsbridge, provided, under the able direction of Dr. J. R. Dingley, treatment on modern lines for 339 in-patients during the year. Of these, 222 were admitted from East Sussex, 64 from Hastings, 14 from Brighton, 38 from Eastbourne and 1 from another area.

The following is a report submitted by Dr. J. R. Dingley, the Medical Superintendent:—

Due, to some extent, to the increased availability of the skilled assistance of our visiting surgeon, W. Cleland, M.R.C.P., F.R.C.S., 1947 has been a year of more active treatment. He not only does our adhesiotomies and bronchoscopies but, arriving the evening before operation day, spends some three hours going over cases. Recently we have invited the chest physicians and medical staff of neighbouring sanatoria to these conferences, with much benefit and pleasure to all.

Of course, fresh air, food, rest and graduated exercise continue to be the basic treatment. Streptomycin, the new compound whose value the press have unfortunately exaggerated, is still unobtainable, except for selected research hospitals. Some is unfortunately imported from the United States of America by private influence and, as this is usually in connection with cases quite unsuitable for its use, it is mostly wasted. This is hard when there are patients who would benefit, but who have no influence. It should be noted that it is only of value in certain cases, and often only temporarily, and it is not infrequently associated with unpleasant complications.

Thoracoplasty cases still go, after some delay, to the University College Hospital under Professor Pilcher, and we hope soon to have more beds available through Mr. Cleland. Phrenic crushes are done by your Medical Officers.

The demand for hospital beds has been acute. The average number of patients completely immobilised has been 22. The introduction of postural retention treatment for certain types of case has further increased this demand.

Having adopted the Copeland Chatterson card index system and, having for the sake of comparison, summarised the records of patients discharged during the years 1945, 1946 and 1947, the following figures, which may be of interest, have been obtained. It should be borne in mind that as they are based on the dates on which patients were discharged, they are not comparable with figures in previous reports.

COMPARATIVE STATISTICS.

Patients discharged								1945	1946	1947	
								225	201	226	
Results of treatment :—											
Improved								138	130	150	
Stationary								46	35	45	
Worse								12	20	17	
Died								29	16	14	
Fit for work								33	19	19	
Fit for light work								99	102	99	
Not fit for work								64	64	94	
Stage of disease :—											
Class.								Improved.	Stationary.	Worse.	Died.
1945	O (observation)							10	21	—	—
	A (never T.B.+)							55	6	—	—
	B ₁ (early)							11	2	—	—
	B ₂ (intermediate)							53	6	1	2
	B ₃ (advanced)							9	11	11	27
1946	O							7	9	—	1
	A							46	7	1	1
	B ₁							18	1	—	—
	B ₂							54	4	1	—
	B ₃							51	5	14	14
1947	O							13	4	8	1
	A							60	13	1	—
	B ₁							10	1	—	—
	B ₂							89	11	1	1
	B ₃							54	15	12	12
								1945	1946	1947	
Simple Pleural Effusions								18	11	5	
Cases found on contact and routine examination								20	21	25	
Re-admissions								45	59	42	
Special Treatment :—											
A.P. attempted								22	16	28	
A.P. abandoned								34	17	33	
New A.P.s maintained								34	41	59	
Adhesiotomy								20	26	52	
Phrenic paralysis								39	34	41	
Pneumoperitoneum								1	11	25	
Thoracoplasty								3	4	11	
Complications occurring in pneumothorax cases :—											
Effusions								17	28	30	
Empyema								3	3	3	
Bronchopleural fistula								—	1	1	
Complications in patients suffering from tuberculosis :—											
Asthma								1	3	—	
Bronchiectasis								2	3	2	
Cold abscess								2	2	1	
Herpes Zoster								1	—	—	
T.B. enteritis								1	3	—	
„ laryngitis								19	14	23	
„ meningitis								1	2	1	
„ epididymitis								—	1	—	
Spontaneous pneumothorax								6	3	6	
Ischio-rectal abscess								5	1	2	
Amyloid disease								1	1	—	
Cystitis								1	—	1	
Pregnancy								5	3	3	
Diabetes								1	1	3	
Epilepsy								2	—	—	
Patients discharged not suffering from tuberculosis :—											
Abscess of lung								3	1	—	
Bronchitis								1	2	1	
Bronchiectasis								—	2	3	
Pneumonitis								—	—	2	
Bronchial carcinoma								—	—	2	
Neoplasm								—	1	3	

Work in the X-ray Department continues to increase, as the following comparisons show :—

									1945	1946	1947
Films	..	..	..	..	..	..	..	..	800	1,048	1,612
Screens	..	..	..	..	..	..	..	..	1,300	2,040	2,118
Tomographs	..	..	..	..	..	..	..	..	—	—	54

The strength of the nursing staff has been satisfactory, and we have maintained our record of never closing any beds from shortage of staff. The training of nurses for the Tuberculosis Association Certificate has been successfully carried out by Miss Russell, the Matron, and by our Visiting Sister Tutor, Miss Pavey. Three nurses passed Part I of the examination and six passed Part II. There was one failure.

On the domestic side we have been fortunate in keeping our staff, the only losses being through marriage. We have now got five Latvian women and one man (a gardener), all excellent workers. In every section of the staff, except the porters, we continue to employ, where possible, sputum-negative ex-patients, the percentage being 42% of the whole staff. The introduction of an electric polisher has eased the manual work of some of these ex-patients.

Food restrictions continue to make housekeeping difficult. The dietitian from the Ministry of Health was invited to re-visit us to advise and report. She was very helpful, and her coming was much appreciated. In her opinion the refrigerator capacity was too small. The Committee have been taking steps to remedy this, but we hope it will not be necessary to buy, as we have been promised three suitable refrigerators on permanent loan from the Ministry of Supply "surplus" dump in Gloucestershire. In the kitchen 1,191 lb. of jam have been made, as well as 236 lb. of various kinds of pickle, and 500 jars of fruit have been bottled. During the year the Committee decided to use Tuberculin Tested milk only in future.

Staff accommodation is very inadequate. It is urgent that the new nurses' home (one storey of which is built, temporarily roofed with ruberoid, and in use) should be completed, and that the two workmen's cottages (a minimum) passed by the County Council, but apparently held up, should be completed, as well as the considerable extensions approved in 1938, for which much of the material is available.

Under the able leadership of Mr. Bashford, the head gardener, the garden staff have, besides maintaining the recognised high quality of produce, increased the quantity, made further great strides in restoring the grounds to their pre-war beauty, and constructed a footpath some 300 yds. in length round the south meadow for the use of the women patients.

The Laundry Research Association, of which the sanatorium is a member, sent their representative to survey the methods and results. Many useful suggestions were made, especially on how to eke out the soap ration. These are being slowly introduced. Their bulletins have also been very helpful. One recommendation, namely that a water-softener would reduce soap consumption and greatly prolong the life of the hot-water pipes, was supported by our engineer and endorsed by the Management Committee.

The occupation of the patients has continued to be catered for by useful grade work and handicrafts, including a successful annual exhibition. On the lighter side there have been concerts, cinema shows, charabanc drives, a garden fête and a course of lectures in the autumn by A. Clifton-Taylor, M.A., open to visitors, on "The English House," which proved to be most interesting and instructive.

In addition to welcome gifts of food parcels from the Dominions, we have received £110 for the Chapel Fund, £41 for the Cinema Fund and £46 for Matron's Fund from patients, ex-patients or their relatives.

I should like to pay tribute to the excellent work done by the whole staff and to the encouragement and support of the Darvell Hall Committee.

Orthopaedic Treatment. Ninety children received in-patient treatment in the Heritage Hospital, Chailey, and other hospitals in 1947. Each of the 6 out-patient orthopaedic clinics was held three times a week, the number of children receiving treatment at them totalling 986.

The following is the report submitted by Mr. Murray Levick, the Council's Consultant for Physical Treatment :—

The numbers attending the out-patients clinics are undiminished. There have been 409 new cases and 2,075 attendances during the year.

As explained in last year's annual report, the accommodation for the clinics is inadequate. Not only is it impossible to install proper apparatus through lack of room, but the clinic rooms are so cramped that it is not possible to take a class of children properly in them. The most urgent need for these clinics is therefore a complete change in the accommodation provided.

With regard to the Orthopaedic Hospital at Chailey, we have been unfortunately crippled in the physiotherapy treatment, provided by a shortage of physiotherapists. This continues for the same reason and to the same extent as the shortage of nursing staff throughout the country. It has meant that many children requiring physiotherapy treatment have had to have it curtailed or go without altogether; this being made more difficult by the number of cases of infantile paralysis admitted during the past year, most of whom require extensive treatment.

Most of the children admitted to Chailey during the past year have had active surgical tuberculous lesions with infantile paralysis next in number.

Regular visits each month have been made by the orthopaedic consulting surgeons, who see all East Sussex cases as well as the others and perform the operations as required.

Venereal Diseases. The Clinics at Brighton, Hastings and Tunbridge Wells were continued during the year, the total number of new patients attending being 1,567, a decrease of 343 on the numbers for 1946. The total number of attendances of patients from the East Sussex area was 6,597 for 1947, as compared with 7,128 in the previous year. East Sussex patients also attended the clinic administered by the Eastbourne Corporation, but the number of attendances made at this clinic was small. During the year 2 notifications were received under Defence (General) Regulation 33B. The advice given by the Ministry of Health in their Circular 2896 that informal action should be taken on receipt of one notification under this Regulation was followed. One case was traced to an address in the area of another authority and the notification was sent on; the other case was examined and found to be free from the disease.

Defence (General) Regulation 33B expired on the 31st December, 1947, but any persons suspected to be suffering from venereal disease are still visited and efforts are made to persuade them to attend a clinic for examination.

Educational work was continued by the Central Council for Health Education and the Sussex Rural Community Council by arrangement with the County Council.

Welfare of the Blind. The number of blind persons on the East Sussex register has increased from 511 in 1939 to 621 in 1947. More than half of those whose names were on the register at the end of the year were over 70 years of age, many of them being over 80 years of age. The home teaching staff of the East Sussex Association for the Blind carried on their work in a very satisfactory manner. The friendly liaison already established with officers of the Assistance Board has continued, to the manifest benefit of blind persons and the organisations concerned.

Mental Deficiency. At the end of December, 1947, there were 769 mentally defective persons on the county register, as compared with 761 in 1946; 211 were maintained in certified institutions, 2 in approved homes, 30 were on licence from institutions, and 175 under guardianship. Ten were detained in a "place of safety" (of these 7 were in emergency homes); 341, not under Order, were under supervision.

Assistance was also given towards the maintenance in institutions of 5 cases dealt with under Section 3. Twenty-four cases have been transferred to "friendly supervision" under arrangements made by the East Sussex Association for Mental Welfare.

During the year the names of 34 persons were removed from the Register for the following reasons:—

Discharged by the Board of Control	8
Removed from the area	8
Admitted to the County Mental Hospital	7
Died	6
No longer needing supervision	5

Cancer Act, 1939. The interim arrangements made by the County Council under this Act were continued during 1947. Applications for assistance in diagnosis were received in respect of 39 additional patients during the year and the number of patients referred to me since the arrangement was made was 153 up to the end of the year. These patients received treatment or were otherwise provided for as follows:—

Westminster Hospital	113
Royal Cancer Hospital	1
St. Bartholomew's Hospital	2
Brompton Hospital	1
St. Luke's Hospital, Guildford	10
Hammersmith (L.C.C.) Hospital	2
University College Hospital	2
Lambeth Hospital	1
Horton E.M.S. Hospital	1
Middlesex Hospital	2

The remainder were either considered to be unsuitable for treatment or provided for by other authorities or by their own medical attendants.

Although these interim arrangements were intended to serve only until the needs of all patients were met under the National Health Service Act, 1946, they have shown on a small scale a gratifying flexibility and ability to deal with urgent needs, due very largely to the alert and friendly response of all hospitals approached, especially (as the numbers show) the Westminster Hospital.

Public Vaccination. The returns of the Vaccination Officers for 1946 show that 3,692 births were registered from 1st January to 31st December, 1946, in the East Sussex area. Of this total, 1,987 were successfully vaccinated by 31st January, 1948; 11 were insusceptible of vaccination; 70 died unvaccinated; postponement of vaccination by medical certificate was recorded in 14 cases; 203 removals of children to other districts were notified to the vaccination officers concerned and 278 children were removed to places unknown or could not be traced. Statutory declarations of conscientious objection to vaccination were made in respect of 949 children, this number being 25.7% of the 3,692 births registered. An additional 180 children were unaccounted for. The successful vaccinations were 53.81% of the total births registered, a higher percentage, it is believed, than in the country as a whole.

Health Education. The County Council entrusted the education of the public in East Sussex on matters relating to health to the Sussex Rural Community Council. This voluntary body included in its programme lectures to adults and school children, a widespread poster display and the distribution of an attractively-edited magazine entitled "Better Health" to doctors' surgeries, women's institutes and to health visitors, teachers and youth leaders. As stated last year, there is much sub-normal health at all ages in the community that could be improved, with consequent gain in personal happiness and efficiency, if the simple laws of healthy living were understood and followed by all.

Civil Nursing Reserve. On the 1st January, 1947, there were 71 members of the Reserve on the County Register, but by the end of the year there were only 41 (5 trained nurses, 13 assistant nurses and 23 nursing auxiliaries). The reduction in membership has continued steadily as a result of the resignation permission which was given in 1945. There have been no further offers of service.

County Council Hospital and Domiciliary Medical Services. These services were continued as shown in my last report. Southlands Hospital, Shoreham, Cuckfield Hospital and the six institution infirmaries provided accommodation and treatment for cases of acute and chronic sickness and beds were also available for East Sussex patients in St. Mary's Hospital, Eastbourne, and the Municipal Hospital, Hastings. Accommodation for maternity cases was provided at Southlands Hospital, Cuckfield Hospital and Hastings Municipal Hospital. Domiciliary medical services were provided by general medical practitioners appointed as part-time Medical Officers.

The report of Mr. E. K. McLean, F.R.C.S.E., Medical Superintendent, Southlands Hospital, Shoreham, shows that the services of the hospital were again used to their fullest capacity during 1947, there being a small increase in the number of admissions compared with the previous year. Statistics for the last three years are given hereunder :—

	1945.	1946.	1947.
Total number of admissions	3,901	4,679	4,751
Number of women confined in hospital	622	949	923
Number of live births	619	943	914
Number of still births	17	31	23
Number of major operations	1,041	1,340	1,607
Number of out-patient attendances	5,443	8,932	11,087

The special fracture ward for elderly female patients has dealt with 80 fracture cases during the year, the average age of the patients being seventy-one years.

The services of the X-Ray Department increased considerably during 1947 and it has been decided to appoint a full-time radiologist. The number of cases dealt with was 4,048, as against 2,773 in 1946. The adaptation of the second floor of "H" Block for use as a pathological laboratory has now been started and approval has been given for the appointment of a pathologist.

The hospital has been approved by the General Nursing Council as a male training school and there were four male students in training at the end of the year.

It was decided during the year to reorganise the medical establishment and to appoint a resident surgical officer, a house physician and a house surgeon. The consultative staff is also to be increased by the appointment of an orthopaedic surgeon, a gynaecologist, a paediatrician, a neurologist and a psychiatrist.

Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1940. Sixty samples of food were examined under the regulations during the year. They all satisfied the prescribed standards :—

Coffee and coffee extract	3
Condiments and pickle	3
Confectionery and preserves	7
Dried fruit	1
Fats	2
Flavourings	16
Flour mixture	8
Meat and bacon	4
Pastes	12
Tinned vegetables	4
	—
	60
	—

Food and Drugs Act (Milk and Dairies), 1938. Notifications were received from Medical Officers of Local Authorities concerning seven tubercle-infected milk supplies produced on farms in East Sussex. Investigations were carried out by Veterinary Officers of the Ministry of Agriculture and Fisheries and by this Department. As a result, two cows were slaughtered under the provisions of the Tuberculosis Order, 1938. Post-mortem examinations revealed that lesions were present in the udder of one animal.

Local Authorities also forwarded information concerning 33 cows, six calves and two bulls which, on slaughter at central slaughtering establishments, were found to be suffering from tuberculosis. Enquiries made at the farms concerned resulted in the slaughter of one cow which was suffering from tuberculosis of the lungs.

Other notifications investigated included one concerning a patient suffering from undulant fever. A source of supply was brought to light where abortion had occurred in the herd and the milk, on bacteriological examination, indicated the presence of *Brucella Abortus*.

Veterinary Inspections. Details of the inspection of non-designated dairy herds by Veterinary Officers of the Ministry of Agriculture and Fisheries are as follows :—

No. of Farms Visited.	Animals Examined.				Animals found to be diseased and slaughtered under the Tuberculosis Order.
	Cows in Milk.	Dried-off and in-calf Cows.	Other Bovines.	Total.	
1,429	18,008	3,418	1,357	22,783	1

Ministry of Food—Defence (General) Regulations, 1939.

Milk Heat-Treatment Plant. At the end of the year seven heat-treatment plants in the county were authorised by the Ministry of Food to operate under Regulation 55G. They consisted of one pasteurising plant (holder type) and six heat-treatment plants (four flash, one H.T.S.T. and one batch type).

The following table shows the results of 153 milk samples obtained from these plants and submitted to the prescribed tests :—

Class of Milk.	Number of Samples Tested.	Prescribed Tests.	Passed	Failed
Pasteurised ..	19	Phosphatase Methylene Blue	18 19	1 —
Heat-treated ..	134	Phosphatase Methylene Blue	122 128	12 6

When samples failed to pass the laboratory tests, the attention of the licensee was drawn to the need for improving control of the heat-treatment and other dairy equipment, and assistance was given in effecting the necessary improvements.

Milk (Special Designations) Regulations, 1936-46. Applications received in respect of designated milk licences and referred to this Department by the Agricultural Committee for reports on the dairy premises, showed an increase over 1946. Official applications totalled 133 and, in addition, informal enquiries were received from 63 owners or agents requesting advice on matters involving alterations and improvements to existing premises.

Where water supplies are from private sources it is regarded as essential that the quality should be ascertained by bacteriological examination. Eighty-five samples of water were obtained for bacteriological examination and 59 proved to be totally unsatisfactory or required attention to effect an improvement in the quality.

New Towns Act, 1946.

Crawley New Town. The Minister of Town and Country Planning made an Order designating the site of the new town which included an area of 3,400 acres situated in the Cuckfield Rural District and having a population of 3,500 and a rateable value of £23,500.

Observations from a public health point of view have been made on the preliminary outline plans of the new town. It was considered, for instance, that positive provision should be made for a crematorium.

Public Health Laboratory Service. The Public Health Laboratory Service, originally established on an emergency basis, has been continued permanently under statutory powers conferred on the Minister of Health by Section 17 of the National Health Service Act, 1946. The Medical Research Council remain responsible, at least during an initial period of five years, for the direction of the Service on behalf of the Ministry of Health.

From the 1st April, 1947, the Service undertook work for Local Authorities, free of charge, in so far as it was relevant to the diagnosis, control and prevention of infectious diseases, other than venereal diseases. The available facilities have been utilised as far as possible, but certain restrictions in the Service necessitated the examination of some samples at other laboratories on a fee-paying basis.

CHIEF VITAL STATISTICS FOR THE YEAR 1947.

TABLE I.

Group.	Population estimated by Registrar General 1947.	Live Births.		Deaths.		Infant Deaths (under 1 year).		Deaths from Heart Disease.		Deaths from Pulmonary Tuberculosis.		Deaths from other Tuberculous Diseases.		Deaths from Respiratory Diseases, not including Influenza.		Deaths from Cancer.	
		No.	* Rate.	No.	* Rate.	No.	† Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.	No.	* Rate.
Towns	103420	1672	16.16	1757	16.98	69	41.26	537	5.19	41	.39	7	.06	161	1.55	287	2.77
Urban Districts	66820	1351	20.01	824	12.33	51	37.74	281	4.20	18	.26	2	.02	90	1.34	135	2.02
Rural Districts	149880	2734	18.24	2072	13.82	97	35.47	700	4.67	47	.31	11	.07	174	1.16	325	2.16
County	320120	5757	17.98	4653	14.53	217	37.69	1518	4.74	106	.33	20	.06	425	1.32	747	2.33

† Rates calculated per 1,000 of the registered live births. * Rates calculated per 1,000 of the estimated population.

TABLE II.

District.	Area in statute acres (land and inland water).	Population estimated by Registrar General, 1947.	Live Births.		Stillbirths.			Deaths under 1 year of age.		Deaths at all Ages belonging to the District.	Death Rate per 1,000 Population.
			Number.	Rate per 1,000 population.	Number	Rate per 1,000 population.	Rate per 1,000 total Births.	Number.	Rate per 1,000 Live Births Registered.		
<i>Large Towns.</i>											
Hill	7993	23890	388	16.24	19	.79	46.68	9	23.19	403	16.82
aven	3953	66980	1022	15.26	17	.25	16.36	50	49.82	1180	17.61
es	1988	12550	262	20.87	13	1.35	47.27	10	38.16	174	13.86
TOTALS ..	13934	103420	1672	16.16	49	.47	28.47	69	41.26	1757	16.98
<i>Other Urban Districts.</i>											
ess Hill ..	2024	7923	153	19.31	5	.63	31.64	6	39.21	118	14.89
field	3912	15130	278	18.37	3	.19	10.67	9	32.37	191	12.62
Grinstead ..	6600	10740	220	20.48	3	.27	13.45	2	9.09	113	10.52
aven	1772	6726	185	27.50	5	.74	26.31	10	54.05	96	14.27
lade-by-Sea ..	1953	13050	270	20.68	1	.07	36.90	12	44.44	155	11.87
.. ..	1027	4300	100	23.25	1	.23	9.90	3	30.00	48	11.16
ord	4274	8951	145	16.19	5	.55	33.33	9	62.06	103	11.50
TOTALS ..	21562	66820	1351	20.01	23	.34	16.73	51	37.74	824	12.33
<i>Rural Districts.</i>											
le	117053	28270	546	19.31	7	.24	12.65	20	36.63	423	14.96
ey	66038	18860	330	17.49	9	.47	26.54	12	36.36	246	13.04
field	74335	27180	507	18.65	6	.22	11.69	11	21.69	375	13.79
sham	94629	35380	657	18.56	10	.28	14.99	26	39.57	483	13.65
field	112096	40190	694	17.26	21	.52	29.37	28	40.34	545	13.56
TOTALS ..	464151	149880	2734	18.24	53	.35	19.01	97	35.47	2072	13.82
County	499647	320120	5757	17.98	125	.39	21.25	217	37.69	4653	14.53

TABLE III.

Number of deaths at different periods of life in the Administrative County during the year 1947.

Sex.	Urban Districts.							Rural Districts.						
	All ages.	Under 1 year.	1-5.	5-15.	15-45.	45-65.	65 and over.	All ages.	Under 1 year.	1-5.	5-15.	15-45.	45-65.	65 and over.
.. ..	1122	69	9	12	51	231	750	1017	58	14	8	44	194	699
.. ..	1459	51	4	10	64	232	1098	1055	39	7	3	58	165	783
TOTALS ..	2581	120	13	22	115	463	1848	2072	97	21	11	102	359	1482

TABLE IV.

CASES OF NOTIFIABLE DISEASES OCCURRING DURING THE YEAR 1947.

(Not including cases of Tuberculosis, details of which are given on Page 5.)

	Total for Administrative County.	TOTAL NUMBERS OF NOTIFIABLE DISEASES IN EACH DISTRICT.																
		Boroughs.					Urban Districts.						Rural Districts.					
		Hove.	Bexhill.	Lewes.	Rye.	Totals.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portslade-by-Sea.	Seaford.	Totals.	Battle.	Chailley.	Cuckfield.	Hailsham.	Uckfield.
Scarlet Fever	179	31	17	5	—	53	1	3	4	6	13	18	45	12	7	10	27	25
Whooping Cough	965	77	103	57	14	251	110	9	21	29	17	49	235	138	63	71	101	106
Acute Poliomyelitis	86	4	3	7	1	15	2	8	2	—	1	2	15	4	5	21	8	18
Acute Polio-encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	2915	251	319	191	9	770	165	185	110	31	152	196	839	150	152	269	198	537
Diphtheria	9	1	—	—	—	1	—	—	1	1	—	—	2	1	1	2	2	—
Acute Pneumonia	123	38	12	2	—	52	5	2	2	1	9	19	38	5	—	9	15	4
Dysentery	6	—	—	—	—	—	—	3	—	—	—	1	4	—	1	—	—	1
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis Lethargica	1	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Paratyphoid Fevers	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	57	13	10	2	2	27	1	—	1	1	3	5	11	3	1	3	11	1
Cerebro-spinal Fever	6	1	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	20	—	2	1	—	3	1	2	2	1	—	1	7	2	—	—	2	6
Ophthalmia Neonatorum	7	—	—	—	—	—	—	1	—	—	—	—	1	—	1	1	3	1
Malaria	3	—	—	1	—	1	—	—	—	—	—	2	2	—	—	—	—	—
Chicken Pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scabies	34	—	—	—	—	—	10	1	—	—	—	—	11	—	—	22	—	1
Totals	4412	417	467	266	26	1176	295	214	143	70	195	293	1210	315	233	408	370	700

TABLE V (a).

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1947 IN THE URBAN DISTRICTS.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.							Deaths in or belonging to each District at all ages.								
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 45.	45 and under 65.	65 and over.	BOROUGHES.								
								Bexhill.	Hove.	Lewes.	Rye.	Burgess Hill.	Cuckfield.	East Grinstead.	Newhaven.	Portslade-by-Sea.
1. Typhoid and Paratyphoid Fevers ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	3	3	—	—	—	—	—	—	1	1	—	—	—	—	1	—
5. Diphtheria	1	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—
6. Tuberculosis of the Respiratory System ..	59	—	—	—	28	23	8	11	24	6	2	8	2	11	1	4
7. Other Forms of Tuberculosis	9	2	1	1	4	1	—	2	4	1	—	—	—	—	1	—
8. Syphilitic Diseases	4	—	—	—	—	3	1	1	3	—	—	—	—	—	—	—
9. Influenza	15	1	1	1	—	5	8	1	6	2	—	—	2	—	2	1
10. Measles	2	1	—	1	—	—	—	—	—	—	—	—	1	—	—	1
11. Acute Poliomyelitis & Polio-encephalitis ..	3	—	—	1	2	—	—	—	1	—	—	1	1	—	—	—
12. Acute Infectious Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer of Mouth, Throat and Uterus ..	42	—	—	—	1	14	27	2	22	1	—	1	5	2	1	6
14. Cancer of Stomach and Duodenum	56	—	—	—	—	13	43	9	25	7	—	3	3	3	3	2
15. Cancer of Breast	56	—	—	—	4	21	31	10	28	2	2	3	2	3	—	5
16. Cancer of all other sites	268	—	—	4	9	87	168	41	127	13	1	10	25	18	10	14
17. Diabetes	12	—	—	—	2	1	9	2	4	2	—	—	1	—	—	1
18. Intra Cranial Vascular Lesions	332	—	—	—	4	43	285	75	156	17	3	10	28	19	6	11
19. Heart Disease	818	—	—	1	7	87	723	134	358	45	25	52	61	20	38	53
20. Other Diseases of Circulatory System ..	74	—	—	—	3	14	57	11	25	8	3	2	11	5	1	2
21. Bronchitis	95	—	—	1	3	20	71	13	49	6	1	2	5	3	3	7
22. Pneumonia	124	21	2	2	6	21	72	14	54	6	2	4	17	10	3	8
23. Other Respiratory Diseases	32	1	—	—	3	8	20	3	14	2	—	2	1	4	1	3
24. Ulcer of Stomach or Duodenum	27	—	—	—	2	8	17	2	14	4	1	—	—	3	2	—
25. Diarrhoea, etc. (under 2 years)	16	15	1	—	—	—	—	1	10	1	—	—	—	—	3	1
26. Appendicitis	5	—	1	—	2	—	2	—	1	1	—	1	1	—	—	1
27. Other Digestive Diseases	47	3	—	—	1	7	36	5	24	8	1	—	1	—	3	4
28. Nephritis	91	—	—	—	4	17	70	13	55	4	1	2	2	5	4	5
29. Puerperal and Post Abortion Sepsis ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
30. Other Maternal Causes	1	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—
31. Premature Birth	27	27	—	—	—	—	—	3	10	2	—	2	4	1	1	2
32. Congenital Malformations, Birth Injury, Infantile Disease, etc.	35	28	—	2	2	2	1	3	17	2	3	2	1	—	—	3
33. Suicide	29	—	—	—	2	15	12	4	14	3	—	1	4	1	1	1
34. Road Traffic Accidents	15	—	1	2	1	5	6	2	7	1	—	—	1	1	1	2
35. Other Violent Causes	53	5	3	2	8	8	27	11	22	8	2	—	1	1	2	4
36. All other Causes	230	13	3	4	16	40	154	29	104	21	1	12	11	13	8	14
All Causes	2581	120	13	22	115	463	1848	403	1180	174	48	118	191	113	96	155

Deaths of Infants under 1 year { Total 120

Illegitimate 13

TABLE V (b).

CAUSES OF AND AGES AT DEATH DURING THE YEAR 1947 IN THE RURAL DISTRICTS.

CAUSES OF DEATH.	Deaths in or belonging to Districts, at subjoined ages.							Deaths in or belonging to each District, at all ages.				
	All Ages.	Under 1 year.	1 and under 5.	5 and under 15.	15 and under 45.	45 and under 65.	65 and over.	Battle.	Chailey.	Cuckfield.	Hailsham.	Uckfield.
1. Typhoid and Paratyphoid Fevers ..	—	—	—	—	—	—	—	—	—	—	—	—
2. Cerebro-Spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	3	3	—	—	—	—	—	2	—	—	1	—
5. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
6. Tuberculosis of the Respiratory System	47	—	1	—	23	15	8	9	7	8	9	14
7. Other forms of Tuberculosis	11	—	—	2	3	4	2	2	3	1	1	4
8. Syphilitic Diseases	5	—	—	—	—	1	4	3	1	—	—	1
9. Influenza	17	1	1	—	1	3	11	2	2	5	2	6
10. Measles	—	—	—	—	—	—	—	—	—	—	—	—
11. Acute Poliomyelitis and Polio-encephalitis	1	—	1	—	—	—	—	—	—	—	—	1
12. Acute Infectious Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—
13. Cancer of Mouth, Throat and Uterus..	18	—	—	—	—	5	13	3	1	4	6	4
14. Cancer of Stomach and Duodenum ..	50	—	—	—	—	15	35	8	13	7	10	12
15. Cancer of Breast	39	—	—	—	5	15	19	8	4	8	10	9
16. Cancer of all other sites	218	—	2	1	8	78	129	43	29	37	48	61
17. Diabetes	17	—	—	—	2	1	14	4	1	2	7	3
18. Intra Cranial Vascular Lesions ..	271	—	—	—	6	35	230	49	27	45	65	85
19. Heart Disease	700	—	—	—	8	88	604	163	84	138	158	157
20. Other Diseases of Circulatory System..	57	—	—	—	—	7	50	8	3	9	16	21
21. Bronchitis	71	1	1	—	4	6	59	17	6	7	22	19
22. Pneumonia	77	12	1	—	2	10	52	13	11	12	26	15
23. Other Respiratory Diseases	26	—	—	—	3	4	19	3	3	6	7	7
24. Ulcer of Stomach or Duodenum ..	21	—	—	—	1	6	14	6	2	3	3	7
25. Diarrhoea, etc. (under 2 years) ..	11	10	1	—	—	—	—	2	1	3	1	4
26. Appendicitis	5	—	—	—	1	3	1	1	—	1	3	—
27. Other Digestive Diseases	43	1	2	—	3	10	27	9	7	8	12	7
28. Nephritis	69	—	—	—	3	17	49	10	5	9	22	23
29. Puerperal and Post Abortion Sepsis ..	2	—	—	—	2	—	—	—	—	—	1	1
30. Other Maternal Causes	2	—	—	—	2	—	—	—	—	—	1	1
31. Premature Birth	20	20	—	—	—	—	—	4	3	5	3	5
32. Congenital Malformations, Birth Injury, Infantile Disease, etc.	51	41	5	2	2	1	—	8	7	7	14	15
33. Suicide	8	—	—	—	1	3	4	1	—	3	—	4
34. Road Traffic Accidents	10	—	—	2	3	2	3	1	1	2	3	3
35. Other Violent Causes	50	3	3	3	8	9	24	12	5	11	7	15
36. All other Causes	152	5	3	1	11	21	111	32	20	34	25	41
All Causes	2072	97	21	11	102	359	1482	423	246	375	483	545

Deaths of Infants under 1 year { Total 97
 Illegitimate 12

